FOSTER FAMILY AGENCY CERTIFIED HOME Monthly Log of Newly Certified and De-certified Homes LOG FOR THE MONTH/YEAR: FFA NAME E-MAIL ADDRESS FFA LICENSE NUMBER FFA ADDRESS **Newly Certified Home De-certified Home CERTIFIED PARENT(S) NAME** LAST NAME FIRST MIDDI F SSN MIDDI F FIRST LAST NAME SSN **CERTIFIED HOME** ADDRESS PHONE NUMBER E-MAIL ADDRESS DATE CERTIFIED/DE-CERTIFIED **REASON FOR DE-CERTIFICATION** STATE AGENCY USE ONLY FACILITY NUMBER FACILITY TYPE ASSIGNED LPA **Newly Certified Home De-certified Home CERTIFIED PARENT(S) NAME** FIRST MIDDLE LAST NAME SSN FIRST LAST NAME SSN **CERTIFIED HOME** ADDRESS PHONE NUMBER E-MAIL ADDRESS DATE CERTIFIED/DE-CERTIFIED **REASON FOR DE-CERTIFICATION** STATE AGENCY USE ONLY FACILITY NUMBER FACILITY TYPE ASSIGNED LPA **Newly Certified Home De-certified Home CERTIFIED PARENT(S) NAME** LAST NAME FIRST MIDDI F SSN MIDDI F FIRST LAST NAME SSN **CERTIFIED HOME** ADDRESS PHONE NUMBER E-MAIL ADDRESS DATE CERTIFIED/DE-CERTIFIED **REASON FOR DE-CERTIFICATION**

FACILITY NUMBER

FACILITY TYPE

ASSIGNED LPA

ASSIGNED LPA

INSTRUCTIONS FOSTER FAMILY AGENCY CERTIFIED HOME MONTHLY LOG OF NEWLY CERTIFIED AND DE-CERTIFIED HOMES

- 1. Log for the Month/Year The month and year of the log report.
- 2. **FFA Name** The name of the FFA as reflected on the license.
- E-mail Address The E-mail address of the FFA.
- 4. FFA License Number The license number of the FFA as reflected on the license.
- FFA Address The physical facility address of the FFA.
- Newly Certified Home/De-certified Home Checkbox Check the appropriate box to indicate whether the home is being newly certified or de-certified.

CERTIFIED PARENT(S) NAME

- First The first name of the certified parent(s).
- 8. Middle The middle name of the certified parent(s).
- 9. Last Name The last name of the certified parent(s).
- 10. **SSN** The Social Security Number of the certified parent(s).

CERTIFIED HOME

- 11. Address The physical address of the certified home.
- 12. Phone Number The area code and telephone number of the certified home.
- 13. E-mail Address The E-mail address of the certified home.
- 14. Date Certification/De-certification The date that the certified home is either newly certified or de-certified.
- 15. Reason for De-certification The reason that the certified home was de-certified.

STATE AGENCY USE ONLY

These boxes are only for use by Community Care Licensing Division staff.

- 16. Facility Number The facility number assigned in LIS.
- 17. **Facility Type** The facility type code used in LIS (433).
- 18. **Assigned LPA** The number of the evaluator assigned to the FFA.